

## Alcohol and Drug Education Traffic (ADET) School Quarterly Remittance Form

MHL #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

DWI Facility Code:

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL : \_\_\_\_\_

OWNER: \_\_\_\_\_

ADMINISTRATIVE DIRECTOR: \_\_\_\_\_

FEE DUE: (10% of total ADETS fees paid) \$ \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

TIME PERIOD/ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

FEE IS PAYABLE TO: **DHHS / DMHDDSAS**

SEND FEE TO:

**BUDGET AND FINANCE TEAM  
DIVISION OF MH/DD/SAS  
3013 MAIL SERVICE CENTER  
RALEIGH, NC 27699-3013**